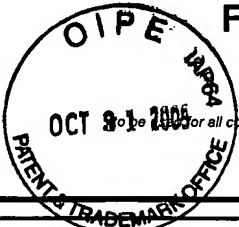
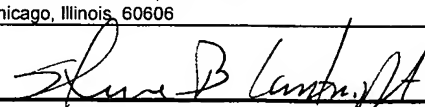
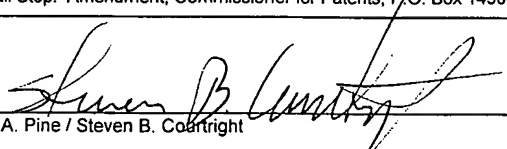


<b>TRANSMITTAL FORM</b>  <small>Use for all correspondence after initial filing)</small>	Attorney Docket No.	2665/7
	Application Number	10/810,353
	Filing Date	March 26, 2004
	First Named Inventor	David Vanker
	Group Art Unit	3627
	Examiner	Ronald Laneau

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / (Response to Notice of Non-Complaint Amendment) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

**CALCULATION OF FEE**

				Small Entity		Large Entity	
Claims After Amendment	Highest No. Previously Paid For	Present Extra		Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus (20)	0		x \$25		x \$50	
Indep.	Minus (3)	0		x \$100		x \$200	
First Presentation of Multiple Dep. Claim				+ \$180		+ \$360	
				total add'l fee \$		total add'l fee \$	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Jeffrey A. Pine, Reg. No. 36,893 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant(s)  BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois, 60606		
Signature		Date	October 26, 2005
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:			
Signature		Date	October 26, 2005